

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10538320
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
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11						
12						
13						
14						
15						
16						
17	1		1			
18						
19						
20						
21	1		1	1		
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26						
27						
28	1		1			
29						
30						
31	1		1	1		
32	1		1	1		
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35						
36						
37	1		1			
38						
39	1		1			
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41						
42						
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			32			
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						